PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
CLAIMS AS FILED - PART I SMA								SMALL EN	ITITY	$\frac{JJ}{J}$	OTHER	RTHAN
<u> </u>	2 NATIO		(Column 1)		(Column 2)		_	TYPE		OR		ENTITY
U.S. NATIONAL STAGE FEES								RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		1	BASIC FEE		OR	BASIC FEE	1 1
EXAMINATION FEE				Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations = \$ 100 / \$ 200		EXAM. FEE	-	1	EXAM. FEE	120
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		All other situations = \$ 250 / \$ 500			SEARCH FEE	 	1	SEARCH FEE	10/U 11/1
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =			X \$ 125 =		1	X \$ 250 =	174
TOTAL CHARGEABLE CLAIMS			1 (minus 20 =)		*			X \$ 25 =	<u> </u>	1		
INDEPENDENT CLAIMS			1 1	/ // // // // // // // // // // // // /				X \$ 100 =	 	OR	X \$ 50 =	has
MULTIPLE DEPENDENT CLAIM PRE					+				ļ	OR	X \$ 200 =	12/1
					" in a		H	+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	L	OR	TOTAL	
	<u> </u>	(Column 1)	AMENDED	MENDED - PART II (Column 2) HIGHEST			SMALL E		ENTITY	OR	OTHER SMALL	
AMENDMENT A	<u> </u>	REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	Ī	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL			LAIM		ŀ	+ \$ 180 =		OR	+ \$ 360 =		
							Ļ	TOTAL ADDIT.		OR	TOTAL ADDIT.	
	•							FEE		OIX	FEE	
\neg		(Column 1)		(Colum		(Column 3)	_					
		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X \$ 25 =		OR	X \$ 50 =	
	ind ependent	*	Minus	***		= .		X \$ 100 =		OR -	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F	+ \$ 180 =		OR	+ \$ 360 =	
					·····			OTAL ADDIT. FEE		L.	TOTAL ADDIT. FEE	
'** H	the "Highest Nur	mn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid I	l For" IN THIS SPA	ACE is less th	nan '20',	, enter "20".	the a	appropriate box i	n column 1.			

FORM PTO-875 (Rev. 02/2005)

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